#### 114CSR23

#### WEST VIRGINIA LEGISLATIVE RULE

## **INSURANCE COMMISSIONER**

#### **SERIES 23**

#### MEDICAL MALPRACTICE LOSS EXPERIENCE

## AND LOSS EXPENSE ANNUAL REPORTING REQUIREMENTS

1
1

114-23-1.	General.
114-23-2.	Definitions.
114-23-3.	Insurers Subject to Reporting Requirements.
114-23-4.	Filing Deadline; Failure to Submit Information.
114-23-5.	Information Required to Be Reported.
114-23-6.	Evaluation By Commissioner.
114-23-7.	Severability.

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#### MEDICAL MALPRACTICE LOSS EXPERIENCE

## AND LOSS EXPENSE ANNUAL REPORTING REQUIREMENTS

# §114-23-1. General.

1.1. Scope. -- This legislative rule establishes guidelines and procedures under which each insurer providing five percent (5%) or more of the medical malpractice insurance coverage in West Virginia shall report to the Insurance Commissioner on an annual basis

certain specified information concerning loss experience and loss expense in regard to such medical malpractice insurance coverage.

- 1.2. Authority. -- W. Va. Code §§33-20B-6(a) and 33-2-10.
- 1.3. Filing Date. -- April 8, 2002.
- 1.4. Effective Date. -- April 8, 2002.

## §114-23-2. Definitions.

As used in this legislative rule:

- 2.1. Annual financial statement. Shall mean the financial statement required to be filed annually with the Commissioner pursuant to W. Va. Code §§33-3-14 and 33-4-14.
- 2.2. Commissioner. Shall mean the Insurance Commissioner of the state of West Virginia.
- 2.3. Insurer. Shall mean the insurance company licensed by the Commissioner and authorized to write medical malpractice insurance coverage in the state of West Virginia.

## §114-23-3. Insurers Subject To Reporting Requirements.

- 3.1. Insurers subject to annual reporting requirements. This rule shall apply to every insurer which provided five percent (5%) or more of the medical malpractice insurance coverage in West Virginia during the preceding calendar year.
- 3.2. Notification by Commissioner. The Commissioner shall annually, on or before May 1, notify in writing those insurers which he has determined provided five percent (5%) or more of the medical malpractice insurance coverage in West Virginia during the preceding calendar year of their obligation to report to the Commissioner the information specified in section 5 of this rule.
- 3.3. Method of determination. The Commissioner's determination pursuant to subsection 3.2 shall be based upon a comparison of every insurer's gross direct written malpractice premiums in West Virginia during the preceding calendar year to the total gross direct written malpractice premium in West Virginia for that calendar year.

## §114-23-4. Filing Deadline; Failure To Submit Information.

4.1. Filing deadline. Insurers shall submit all information specified in section 5 of this rule to the Commissioner on or before August 1 immediately succeeding notification by the Commissioner pursuant to subsection 3.2.

4.2. Failure to submit information. Pursuant to W. Va. Code §33-20B-6(b), any insurer which fails to timely submit any and all information specified in section 5 of this rule to the Commissioner shall be fined ten thousand dollars (\$10,000.00) for each of the first five (5) such failures per year and shall be fined one hundred thousand dollars (\$100,000.00) for the sixth (6th) and each subsequent such failure per year.

#### §114-23-5. Information Required To Be Reported.

- 5.1. Information required to be reported. The information required to be reported to the Commissioner shall be that specified in the Annual Loss Experience and Loss Expense Reporting Form, attached to and made a part of this rule as Exhibit A.
- 5.2. Information by individual coverage classifications. A separate Annual Loss Experience and Loss Expense Reporting Form must be filed for each and every individual coverage classification written by the insurer in West Virginia.

## §114-23-6. Evaluation By Commissioner.

6.1. Evaluation by Commissioner. The Commissioner shall evaluate the information reported pursuant to section 5 of the rule in order to determine whether the filing insurers have fairly and accurately determined the loss experience and loss expense data in the filing.

## **§114-23-7.** Severability.

7.1. Severability. If any provision of this legislative rule is held invalid, the remainder of the rule shall not be affected thereby.

## Exhibit A

## Annual Loss Experience and Loss Expense Reporting Form

(Note: Attach Additional Sheets For Answers When Necessary)

1.	Company	Name:
If pa	art of a group, specify group name:	
2.	Coverage	Classification:
3. info	Provide, on a West Virginia basis and on a countrywid rmation by twelve-month accident year for the preceding ninet	
a.	paid losses;	
b.	accumulated paid losses;	
c.	paid loss adjustment expenses; and,	
d.	incurred but not reported losses.	
	Provide, on a West Virginia basis and on a countrywide be development factors by twelve-month accident year for the other than the following:	-
a.	paid losses;	
b.	accumulated paid losses;	
c.	paid loss adjustment expenses; and,	
d.	incurred but not reported losses.	
	Provide, on a West Virginia basis and a countrywid imulated paid losses to earned premiums by twelve-month eding ninety-six months.	

6. Provide, on a West Virginia basis and a countrywide basis, the number of policies in force and the paid losses per policy by twelve-month accident year for the preceding

ninety-six months.

- 7. Provide a comparison of allocated West Virginia operating expenses and actual West Virginia operating expenses by twelve-month accident year for the preceding ninety-six months.
- 8. Provide, on a West Virginia basis and on a countrywide basis, a linear trend analysis which shows the indicated projected trended development factors for paid losses, accumulated paid loss, paid loss adjustment expenses and incurred but not reported losses. Provide the R squared results of the linear models.
- 9. Provide the methodology by which the credibility of West Virginia data in relationship to countrywide data is weighted in calculating an indicated percentage of premium rate increase by twelve-month accident year for the preceding ninety-six months. Provide formulas used in the methodology and a narrative explanation and justification of use of the particular methodology.
- 10. Provide the following information with regard to actual expenses:
- a. Actual paid claims by policy type by year (please separate underlying tort payments from bad faith, unfair claims practices and other extra contractual payments).
- b. Actual legal fees by policy type by year.
- c. Actual administrative costs paid by policy type by year.
- 11. Provide audited financial statements inclusive of income statements and balance sheets, statements of cash flow and footnotes to financials.

The above information is correct to the best of my knowledge and belief.

Name (type or print)

Title

Address

Telephone Number

Signature